

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 23 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000007958

1. Corporation Name

THE MUSTAFA CENTER OF ARTS AND SCIENCE, INC.

Principal Place of Business

Mailing Address

20001 S.W. 117TH AVENUE
MIAMI FL 33177

20001 S.W. 117TH AVENUE
MIAMI FL 33177

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

000025716020
12/23/03--01015--006 **236.25

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/2002

5. FEI Number

14-1852214

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MUSTAFA, ZIA C	20001 S.W. 117TH AVENUE	MIAMI FL 33177
D	HILL, CHARDEAN M	12010 S.W. 188 TERRACE	MIAMI FL 33177
D	KIALEUKA, BAYUNGA	18321 N.W. 44TH COURT	MIAMI FL 33055

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MUSTAFA, ZIA C
20001 S.W. 117TH AVENUE
MIAMI FL 33177

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Zia C. Mustafa

Date December 17, 2003

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Zia C. Mustafa ZIA C. MUSTAFA

Dec. 17, 2003 305.807.3778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)